

Practitioner's Docket No. INS-31061



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hirsch, Alan R.

Application No.: 09/211,507

Filed: 12/14/1998

For: Use of Odorants to Alter Vaginal Blood Flow

Group No.: 3736

Examiner: C. Tate

Assistant Commissioner for Patents
Washington, D.C. 20231

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TC 3700 MAIL ROOM

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$190.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date:

9-18-00

FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

[Handwritten signature]
Signature

Lynda S. Hargreaves
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	30	Minus	23	= 7	x \$9 =	\$63
Indep.	4	Minus	3	= 1	x \$39 =	\$39
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
					Total Addit. Fee	\$102

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$102.00

FEE PAYMENT

5. Attached is a check in the sum of \$292.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 232053.
 If any additional fee for claims is required, charge Account No. 232053.

Date: September 18, 2000

Kristine M Strodthoff
 Signature of Practitioner

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